

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date					
							Applicant(s)							
							* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend		
1	/						51							
2		/					52							
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49							99							
50							100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							